Request for Continued Examination (RCE) Transmittal

Address to: Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application No.	10/698,070
Confirmation No.	1623
Filing Date	October 30, 2003
First Named Inventor	Kaye et al.
Group Art Unit	1635
Examiner Name	Tracy Ann Vivlemore
Attorney Docket No.	221749
Client Reference No.	E-086-2003/0-US-01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	Submission required under 37 CFR 1.114										
l	a. 🔲 Previously submitted										
		i.	☐ Conside	r the am	nendment(s)/	reply unde/	r 37 CFR	ใ 1.116 previou	ısly filed	on	
		.,			endment(s) refe						
		ii.	_	r the arc	juments in tr	ne Appeal t	Briet or Re	eply Brief prev	iously tile	ed on	
	la,	iii.	U Other:								
	b.	\boxtimes	Enclosed Amendn	cont/Doi	مادر		is a	□ Form DT(2 4 4 4 0		
		I. II.			pry aration(s)		İV. V.			and listed in Eq.	DTO 1440
		11.	☐ Alliuavit	(2)\Decid	aration(s)		٧.			ces listed in For ts and applications)	
		iii.	☐ Informat	ion Disc	losure State	ment (IDS)) vi.			o and appropriately	
2.											
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period				
			of mo	nths. (Pe	eriod of suspens	sion shall not	exceed 3 m	onths; fee under 3			
	b.		Applicant cla	ims sma	all entity state	us. See 37	7 CFR 1.2	27			
	C.		Other:								
3.	Fe	es -						CFR 1.114 wh			
	a.	\boxtimes						otal amount in			
								rpose, unless su		ia EFS-Web.)	
		Ĭ. 						37 CFR 1.17(\$810.00
		ii.						(37 CFR 1.136 an			\$1,050.00
		iii.	An exter					ured and the fe			
			\$ 0.00 is		ed from the t	otal ree du	e for the t	total amount o	f extension	on now	
		iv.			vtension of ti	ime (includi	ing the ne	eriod noted abo	ove if ch	ocked) as	
		1 V .						nder the prese			
								the appropriat			
		٧.			ction fee of				- 1		\$ 0.00
		vi.	Other:			•		() ,			,
		vii.	☐ Claim fe	е							
			CLAIMS		Highest						
			REMAINING		Number	Extra		Add'L		Add'L	
C			AFTER		PREVIOUSLY	CLAIMS	D	CLAIM		CLAIM	
CLA Tot		EE	AMENDMENT 29	Minus	PAID FOR 44	PRESENT = 0	RATE -	FEE	RATE	FEE	
		NDEN		MINUS	3	= 0	x 25 = x 105 =	0.00	x 50 = x 210 =	0.00	
INDL			FIRST PRESENT				+ 185 =			0.00	
		Ш	FIRST FRESEIN	ATION OF	- MULTIPLE OF					0.00	#40C0 00
							\$1860.00				
	b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this										
	communication is enclosed for that purpose, unless submitted via EFS-Web.)										

In re Application of Kaye et al. Application No. 10/698,070

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED									
Name (Print/Type)	John L. Gase	Registration No. (Attorney/Agent)	47,590						
Signature	Que com	Date	May 5, 2008						
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)						